

Reflective Practice on PICUs

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Introduction and overview

- Monthly reflective practice groups on Eden PICU since July 2009
 - Part of Acute Psychology Service plan for all BSMHFT wards
 - Reflective practice particularly important for PICUs
- Policy and guidance on reflective practice
- What is reflective practice?
- Why do we need reflective practice?
- Focus and format of reflective practice group on Eden PICU
 - Example from literature
- Evaluation and evidence

National guidance on reflective practice

Adult acute inpatient care provision (Department of Health, 2002).

‘Time should be identified within the working week for an ongoing program of structured multidisciplinary learning opportunities ... creating a space that allows for reflection, thinking and understanding and the thoughtful application of skills, knowledge and timely interventions’

National minimum standards for general adult services in PICU and low secure environments. (Department of Health, 2002).

‘Practice development activities involving the MDT should occur every 2 weeks. This could take the form of ‘reflective practice’ meetings which enable the team to review current events or difficulties, learn important lessons, and capture good practice’.

Reflective practice groups are *in addition* to individual supervision

What is reflective practice?

- Reflection is ‘the action of the mind by which it is conscious of its own operations: attentive consideration, contemplation’ (Chambers Dictionary, 1993)
- Practice is ‘the repeated performance as a means of acquiring a skill, the process of carrying something out, such as a profession’ (Chambers Dictionary, 1993)
- ‘Reflective practice involves the critical analysis of working practices to improve competence, promote professional development, develop practice-generated theory, and help professionals make sense of complex and ambiguous practice situations’ (Cowdrill and Dannahy, 2009)
- Reflective practice groups: organised & supportive space, reflecting on direct clinical practice, team/organisational issues, sSelf-reflection. Varying formats discussed in literature.
- Experiential but based within psychological theory.

Why do we need reflective practice?

- Working in acute mental health involves repeatedly dealing with patients in crisis, experiencing intense and uncontained distress
- NHS context: high workloads, scarce resources, frequent organisational change.
- PICUs: most disturbed and challenging client group: psychosis, personality disorder, self harm, aggression
- PICU environment: Locked wards, restrictions on leave, possessions, privacy
- High levels of emotion in both service users and staff: fear, powerlessness, distrust, frustration, stress, desire to leave, sadness, feeling let down/not listened to.
- This can lead to stress-related illness and burnout
- Tendency to look for quick solutions to problems to regain a sense of control and to split off or deny what is uncontrollable, uncertain and unclear (Clarke et al. 1996)
- Need for self-care: reflection, processing, containment
- Good team working particularly important to the above process

Evaluation and evidence

- Evidence for effectiveness of reflective practice groups involves local service evaluation rather than clinical research.
- Shepherd and Rosebert (2007): majority of staff found RPG helpful in gaining insight into service users and strategies for practice. Desire for higher attendance and more time for groups.
- Amphlett and Spector (2009) Evaluation of 4 RPGs at Oleaster
Usefulness: Mean 4.2
Impact on practice: Mean 3.8
Helpfulness in dealing with emotional aspects of work: Mean 3.7
Helpfulness in understanding other team members: Mean 4.1
- Evaluation for PICU planned for July 2009

Focus of PICU Reflective Practice Group

3 main areas:

1. Direct clinical practice: working with service user issues
2. Team/organisational issues: everyday ward practices, team working, team and organisational dynamics
3. Self-reflection: Impact of ourselves on work and work on ourselves

Main questions:

- What might be going on?
- What might be causing it?
- Why are we doing what we're doing?
- Could we do it differently?

Exploring links between the 3 areas e.g. staff feelings may mirror those of clients.

- 'Projective identification': Clients' emotions are projected into staff who then identify with them.

Format of Reflective Practice Group

- Format devised with help and support of ward manager and staff
- Held monthly initially
- One hour during handover
- Quiet room off ward but within reach of ward
- Open to nurses and health care assistants, not ward manager
- Run by PICU Psychologist

Ground rules:

- Attendance voluntary
- Attend for whole hour (barring emergencies)
- Confidential: not to be discussed outside group unless agreed by all group
- Facilitator maintains confidentiality and neutrality
- Listen to and respect each other

Example (adapted from Sambrook, 2009)

- 19 year old service user: drug induced psychosis, frequently absconds, upsets other service users, verbally and physically aggressive. Copies other 'tough' service users, follows certain staff members around.
- Staff feel frightened by him, reluctant to be around him.
- Exploration of personal history and beliefs: Broken attachments in childhood, developed personal beliefs about being unwanted
- Link between history and current behaviour: expects others not to want him, tries to get close to them by following or copying
- Exploration of consequence of this behaviour: frustration and withdrawal by others, confirming beliefs of not being wanted.
- Exploration of staff reactions as transference/counter-transference
 - Their withdrawal mirrors abandonment in childhood
 - Fear mirrors his own fear?
- Staff became aware of need to resist urge to withdraw based on understanding of its causation and role in continuation of client's difficulties.

Progress so far...

- Support received from service and ward managers, encouraged staff to attend even when staffing levels are an issue.
- Different staff have attended each group due to shifts: Need for fortnightly group?
- Staff have expressed enthusiasm and interest
- Evaluation to be carried out in July 2010 to assess impact on staff and their practice.

Conclusion

- National PICU guidelines recommend reflective practice as an important part of PICU working to help staff to work more effectively with challenging client group and cope better with the emotional impact of this work.
- Emerging evidence of the importance of reflective practice groups in general acute settings, more evaluation needed into their use in PICU settings to inform and shape future practice.
- Can be resistance to reflective practice groups due to other work pressures and demands on staff, together with understandable anxieties about group work. Support of service and ward managers crucial in overcoming these challenges.

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